

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

Thomas P. Foran

Serial No. 10/826,853

Filed: April 16, 2004

Title: OVERMOLDED VIAL  
FOR USE WITH A LEVELRECEIVED  
CENTRAL FAX CENTER

AUG 17 2005

Group Art Unit: 2859

Examiner: Tania C. Courson

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action mailed on June 28, 2005, please consider the remarks that follow:

Amendment to the Claims is reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 5 of this paper.

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/826,853
	Filing Date	April 16, 2004
	First Named Inventor	Thomas P. Foren
	Art Unit	2859
	Examiner Name	Tania C. Courson
	Attorney Docket Number	EMP-133US
Total Number of Pages in This Submission		


ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter Certificate of Facsimile
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Jansson, Shupe, Munger & Astarumian, Ltd. 245 Main Street, Racine, WI 53403		
Signature			
Printed name	Richard W. White		
Date	August 17, 2005	Reg. No.	50,601

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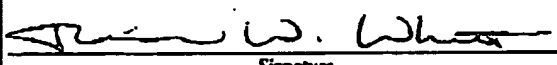
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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>EMP-133US</b>	
Applicant(s): <b>Thomas P. Foran</b>					
Application No. <b>10/826,853</b>	Filing Date <b>April 16, 2004</b>	Examiner <b>Tania C. Courson</b>	Customer No. <b>24314</b>	Group Art Unit <b>2859</b>	Confirmation No. <b>2086</b>
Invention: <b>OVERMOLDED VIAL FOR USE WITH A LEVEL</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	<b>14</b>	<b>21</b>	<b>0</b>	<b>x \$25.00</b>	<b>\$0.00</b>
<b>INDEP. CLAIMS</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>x \$100.00</b>	<b>\$0.00</b>
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0270 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>August 17, 2005</b>		
<b>Richard W. White, Reg. No. 50,601</b> <b>Jansson, Shup, Munger &amp; Antaramian, Ltd.</b> <b>245 Main Street</b> <b>Racine, WI 53403</b>			<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below: Name <u>Judith Muresh</u> Signature <u>Judith Muresh</u> Date <u>8/17/05</u>		
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**Confirmation Will Not Follow by Mail**

Message: Re: Application [REDACTED]  
Filing Date: April 16, 2004  
First Named: Thomas P. Foran  
Group Art Unit: 2859  
Attorney Docket Number: EMP-133US

Please deliver this communication to  
Examiner Tania C. Courson, Group Art Unit  
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